

DOCUMENTATION OF CONCURRENT PERMANENCY PLAN

Department of Human Services

Child Name: _____
Last First

Log #: _____

DOB: _____

DHS Case #: _____

Court Docket #: _____

Child's Primary Permanency Plan: Reunification

Child's Concurrent Permanency Plan:

DHS FC Worker Load # _____

DHS FC Worker Name: _____

POS Agency Name: _____

POS Agency Worker: _____

County of Referral: _____

Complete shaded section for attachment to Initial Service Plans only

Foster Care and CPS Worker case transfer conference Date _____

Concurrent Permanency Planning Case Planning Meeting Date: _____
(Must be within 30 days of child's removal from home)

- I. Is the child currently placed in the home identified as the concurrent permanency plan? ☐ Yes ☐ No
- A. If the child is not currently placed in the home identified as the concurrent permanency plan, describe when it would be in the best interest of the child to consider a change of placement:
1. Identified concurrent permanency placement (please be specific regarding name(s) and relationship to child)
 2. Approximate date/time frame the child will be moved to this placement
 3. How will the relationship with the identified permanent family be maintained (Visitation, phone calls, etc.) until the child is moved?
- II. Was the parent(s) notified of all school appointments (IEPC, conferences, sporting events, etc.) for the child(ren)? ☐ Yes ☐ No
- A. Did the parent(s) attend the events? (If yes, please specify which events/ appointments)
- III. Was the parent(s) notified of all medical appointments for the child(ren)? ☐ Yes ☐ No
- A. Did the parent(s) attend these appointments? (If yes, please specify which events/appointments)
- IV. If the parent was not notified of school or medical events, please describe the reason why this did not occur. (i.e. – specific safety issue, etc.)

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